					Vullime		: Num!	bei
DATIENT APPL	ICATION FEE DET	Elektraniza E	N RÉCOR	>	09 1	tsl,	196	/
	Essedive i Janua	ry - 03				1711	<del>/</del> -	
~ b/ \/	IMS AS FILED - PA				LL ENTIT		OTHER	
	(Column 1)	(Colum		TYP		OR	SMALL	
FOR	NUMBER FILED	NUMBER E	CTRA	RAT	1221	—- I	RATE	FEE
	70.00				4 3.7	OR		4750
BASIC FEE	minus 20:			X\$ 8	=	OR	X\$18=	
TOTAL CLAIMS	minus 3 :			×42	<u>-</u>	OR	×24=	
VIDEPENDENT CLAIMS	<u></u>	1		-			·	
AULTIPLE DEPENDENT				+141	*	OR	+280=	750-
If the difference in co	umn 1 is less than zero	enter "0" in co	lumn 2	TOTA	4 L	OR	TOTAL	
•	IS AS AMENDED -					v 00	OTHER SMALL	
	lumn 1)	(Column 2) A	Column 3)	SMA	LLENTIT		SWALL	ADDI-
« Re	LAIMS PROPERTY	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	TAS	ADD HONT 3	AL	RATE	TIONAL
E PROPERTY OF THE PARTY OF THE	2 Minus	PAID FOR	= 11:	X\$	)= 	OR	X\$18=	198-
Total			=	X40	<u>.</u>	OR	X80=	84-
FIRST PRESENTAT	ION OF MULTIPLE DEPE			+/35		OR	+270=	
	·		•		TAL		TOTAL	282-
•				ADOT.			ADOTT. FEE	20-
4-2903 6	olumn 1)	(Column 2)	(Column 3)			<del></del>	<u> </u>	ADDI-
m Re	CLAIMS . STATES . SALINING AFTER	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RAT	ADI TION	IAL '	RATE	TIONAL
2	31 Minus	# 31	<u>- ن</u>	XS	9=	OR	X\$18=	
Rotal • Independent •	11: Minus	444 ( )		XH	2=	OR	XBO	,
FIRST PRESENTA	HON OF MULTIPLE DEP	MOENT CLAIM		·			~~~	
				+13		OR	TOTAL	<del> </del>
12-18-03		•		ADOIT.	FEE		ADOTT FE	Ę <b>l</b>
12-10	<b>Solumn 1)</b> .(1) (1) (1)	(Column 2)	(Column 3)		· <u>·                                    </u>	<u></u> .	***************************************	'ADDI-
	CLAIMS	HIGHEST	PRESENT		AD		RATE	TIONAL
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Total	ASHOMENT MINUS	* 31	. /	XS	-1	OF	X\$18=	1
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FIRST PRESENTA	THOM OF MULTIPLE DEP			-		_	.270=	
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E SAN OF SELECTION AND REPORTED IN	is less than the entry in column Providesty Pald For IN THE			ADDIT		Of	ADOIL PE	E
and the Adopted Hamps	r Proviously Pais For IX This r Proviously Pais For IX This Proviously Pais For (Total or	BEPACE is lock the Independent) is the	n g' euro, or.	r found in	the appropri	ele box in	ookenn L	
sue seduest semme	* ********** * **** ** ***** **	- •	•				EPARTMENT	OF COMMEN

					V~	diameir - ·	• • • •	Rumt	or:	
PATENT APPL	ICATION FEE DET	EGALISKILŻ	N RÉCORD	)	0	1 45	1,	196	1	
> 0N	Ellective i_Janua	ry - 03				<del></del>	<u>.                                    </u>	<del>/</del> :-		
~ 1/1/	IMS AS FILED - P					ипт\-		OTHER		
$\mathcal{O}($	(Column 1)	(Colum		TYP			OR r	SMALL	{	
FOR	NUMBER FILED	NUMBER E	CTRA .	RAT		FEE		RATE	FEE	
	7036-30-30-30-00-00-00-00-00-00-00-00-00-00-					£37:0	OR		4750	1
BASIC FEE			26-0-0-0-0-	X\$ 9	_		OR	X\$18=		
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INDEPENDENT CLAIMS	. minus 3	<u> </u>		7/12	-		OR	. 01		
MULTIPLE DEPENDENT CLAIM PRESENT				+141	) <u>:</u>		OR	+270=		P
• If the difference in col	lumn 1 is less than zero	enter "0" in co	lumn 2	TOT	4 [		OR	TOTAL	750-	15
					, · ·		. · · ·	OTHER		
	IS AS AMENDED .	(Column 2)	Column 3)	SMA	LLE		OR	SMALLE		
< Re	ACTER	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AME AME	NOMENT STATE	PAID FOR	= V	X\$ S	}=		OR	X\$18= .	198-	1
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1. 11				ADOIT.	FEEL	<del></del>	10	ADDIT. FEE		1
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m Re	CLAIMS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	TIONAL	
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-	٠		•	ADDIT			٦٠,,	ADOIT. FEE	*	
1	Solumn 1). Sa Market	(Column 2)	(Column 3)		<u> </u>		<u>.</u>	بسسيني	ADDI-	1
O PROPERTY OF	CAIMS EMAINING AFTER	HIGHEST MUMBER PREVIOUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	TIONAL	1
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Total • Independent •	Minus	***	-	X4			OR	vac-	1	
EINST PRESENTA				1			┧~			!
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					S=		OR	+270= TOTA		_
of the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the Tilghest Humber Previously Pall For IN THES SPINCE is less than 20, enter "3."  "If the Tilghest Humber Previously Pall For IN THES SPINCE is less than 3, enter "3."					OYAL FEE		OF	ADOIL FE	ēl	-
	/ EACHWEST PROJECT EA 41 =	ے۔ د خاندہ سے ساتھ تا کی گ		ricum Albanah		oroodsta 6	 axin q	· · ·		
The Tighest Number	r Proviously Publi For IN TH Proviously Publi For (Total o	r independent) is the	e prôpiezy savanos	, ,,,,,,,, 41	- <del></del>	* . <del></del>		ERVATIVENT	OF COLUMN	5
•				D.4	7-4-		US O	EMMINEN	417/90709	